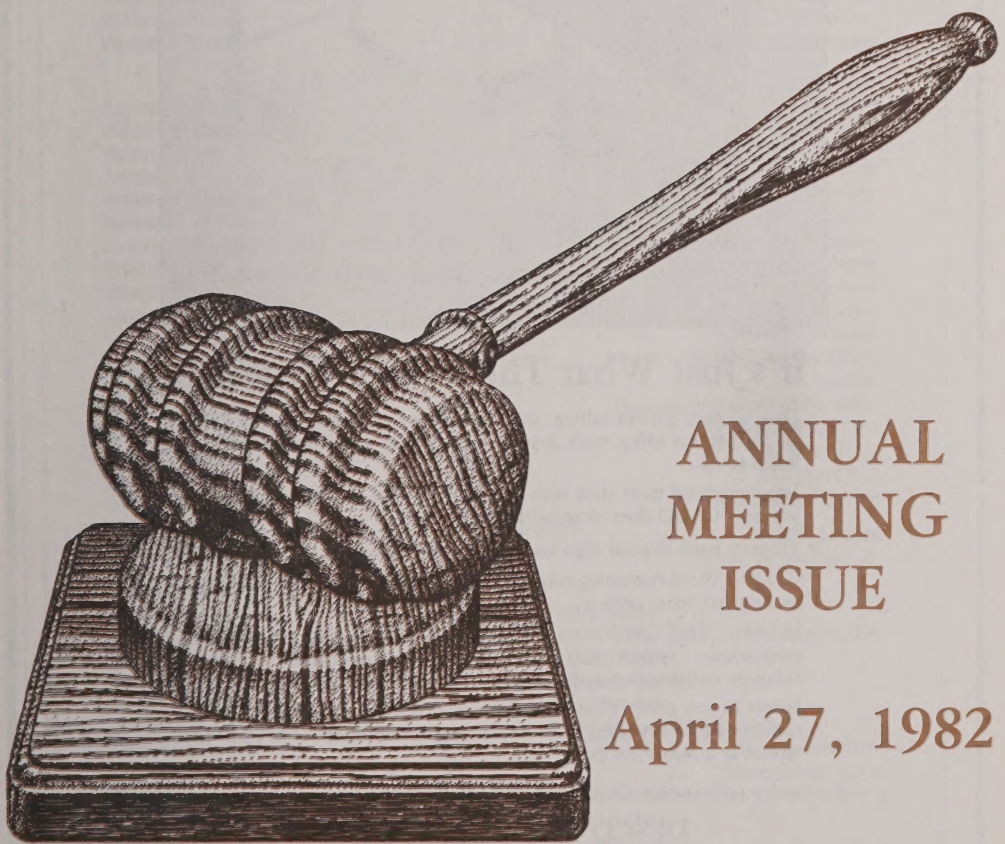
The Hampden Hippocrat

April 1982



ANNUAL MEETING ISSUE

April 27, 1982

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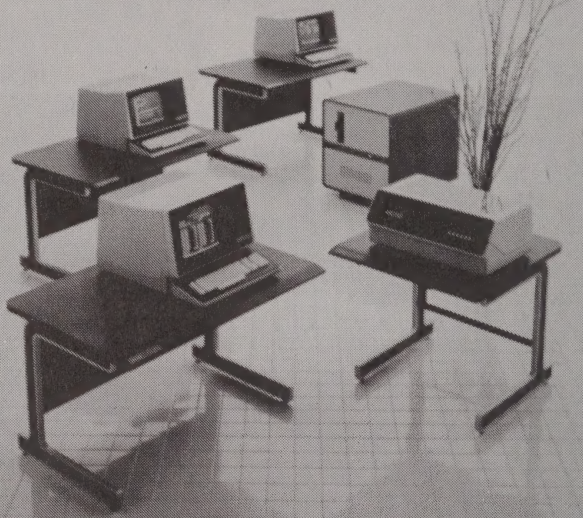

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Annual Meeting Of The Hampden District Medical Society

PLACE: Storrowton Tavern
Stagecoach Barn
West Springfield, Massachusetts

DATE: Tuesday, April 27, 1982

BUSINESS MEETING: 6:00 P.M.

SOCIAL HOUR: 7:00 P.M.

DINNER: 7:30 P.M. Courtesy of HDMS

Election of Officers
Annual Committee Reports
Treasurer's Report
Presentation of 50 year certificates
Presenation of Certificates to New Members

SPEAKER: Attorney Neil Chayet
Boston

TOPIC: "HARD TIMES AHEAD AND HOW TO DEAL WITH THEM"

Bylaws as amended to be voted upon.

If you must cancel your dinner reservation, call the office before noon on April 27th. If the cancellation is not made you will be BILLED for your dinner.

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I shall attend the meeting at Storrowton Tavern.

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THE HAMPDEN HIPPOCRAT
·1942·

APRIL 1982 VOL. XXXX NO. 4

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The official bulletin for The Hampden District of The Massachusetts Medical Society. Founded in 1942 by Edward P. Bagg, Jr., M.D. and William A. R. Chapin, M.D.

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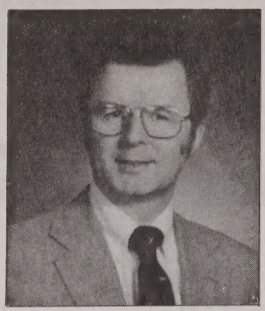

PRESIDENT'S PAGE

PHILIP B. STODDARD, M.D.
President

It appears that we are re-evaluating our Blue Shield litigation. The Massachusetts Society has spent about $1 million over 5 years fighting the Blues to remove the "lock in". You have encouraged this pursuit by voicing your support to the Hampden District Medical Society Councilors during this time, and they - along with those representatives from across the state - have pressed MMS to continue.

Our complaints vs the Blues have not been resolved: 1) the unfair policies of only one physician payment per patient, 2) paying hospitals (or their satellite clinics) more for same care than paid to physicians for care in an office setting, 3) failing to keep up with inflation in physician reimbursement, 4) selling our services at a discount to industry, 5) competing with participating physicians by setting up HMO's, 6) and the list goes on.

Compounding the issue is the proposed merger between Blue Cross and Blue Shield last year called Senate 866 and, in the opinion of many, not vigorously opposed by MMS. This year the same proposed merger is Senate 711 with a few changes but retaining the "lock in".

I sense a weakening of resolve on the part of MMS in pursuing the suit. At the recent MMS Leadership Seminar the Executive Board was advised that organized Medicine has many pressing concerns other than the BS suit. Garry Hough summarizes this for you in his report later in this issue of the Hippocrat. It is true that a mistrust has ex-

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isted, but I believe that a 2-3% portion of the membership as stated is far less than realistic. Observing the action at Council Meetings the majority of Councillors are involved, thoughtful and have voted yearly to continue the suit.

Nothing is more certain than change. U.S. District Judge Skinner allowed MMS to provide an intervenor "for the purpose of joining the present plaintiffs (Kartell et al) in the existing complaint". But additional claims brought by MMS were denied. This may be a dead end, or new ball game.

In addition, the newspapers are headlining articles on health care cost "Private Health Insurers Seek Reforms" (Morning Union, March 23), "High Medical Costs Under Attack" in (N.Y. Times, March 28), heralding increasing pressures on medicine. Should we be pressing our suit to gain a freedom? It is a tough decision. Do we knuckle under, bite our tongue and be Blue Shield's employees?

My personal choice is to continue the suit vigorously. I see some changes in the BC/BS Merger Bill (711) that may have come because of the suit. It's the only lever we have. And I believe a physician should be able to choose to participate or not with BC/BS without being forced to do so because of an archaic agreement coupled with the financial strangle hold on health insurance enjoyed by BC/BS. The medical economics of Massachusetts are **not** illustrative of a free enterprise system. I also believe MMS can carry out its other business and responsibilities while pursing the litigation.

Where do **you** stand? Are you tired of the suit? Do you want to stop without the issues being resolved? Or do you want to continue? In the front of the Hippocrat your Councillors are listed. Please talk with them and indicate your desires. I am sure they will be asked again to reaffirm your committment to the suit.

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HIGHLIGHTS OF THE MARCH EXECUTIVE COMMITTEE MEETING

Committee met on Tuesday, March 16, 1982.

Dr. Vandam, President of the Boston Medical Library gave a short resume of the functions and history of the Library. He feels that is is the best private library in the country.

Dr. Fitzpatrick, Chairman of the Committee on Education and the Library gave a report of the Committee. Minutes of meetings, finances, etc. were presented for the records.

The minutes of the February meetings were approved as written.

Several notes of thanks were accepted as informational.

The City Council President, Attorney Mary Hurley asked for a physician representative to serve on the Citizens Committee to study the Municipal Hospital. When a physician is appointed it will be announced to the membership.

A meeting of the Public Relations Committee to study the suggestion of the Public Health Committee to have an ongoing TV health education program will be held in the near future. A report of this will be given to the membership.

The Bylaws of the HDMS have been amended by the Bylaws Committee chaired by Dr. James Allan. These will be presented to the membership at the Annual Meeting in April.

A resolution from the Public Health Committee was considered by the Executive Committee, approved and sent to the MMS for further study.

Annual reports of committees are published in this April issue and will be presented for approval to the full membership at the Annual meeting.

The Executive Committee adjourned at 9:35 P.M. □

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ANNUAL REPORT OF EXECUTIVE COMMITTEE HDMS

Monthly Meetings of the Executive Committee were held from Sept. through June with our very able President Stoddard presiding at all meetings. Vivian Purdy, our Executive Secretary, gave another year of devoted guidance to the Executive Committee and the Society. Mrs. Jane Condon again represented the Hampden District Auxiliary at the meetings.

On March 3, 1981 at the District Society Meeting culmination of proposals and by-law changes drawn up for merger of the Springfield Academy Medicine into the Hampden District Medical Society was reached. The Academy of Medicine became the "Education and Library Committee" of the HDMS. Dr. James Fitspatrick was appointed Chairman of the Committee of the Library and nine other physicians were appointed to serve on his Committee. Funding for the Library would be from HDMS budget, from hospitals in Hampden District and sponsorships from drug companies for CME programs. Frequent reports from Dr. Fitzpatrick were made to the Executive Committee during the year.

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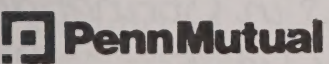

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The Pediatricians of Hampden District attended two meetings during the year, first to present a resolution regarding their long time dissatisfaction with Medicaid practices affecting them and then later to hear Dr. William Munier, M.M.S. EVP, discuss these issues with them after months of discussions with Medicaid in Boston. He convinced them of the Medical Society's support of their resolution.

During the year Dr. Siragusa sent in a position paper on area Health Planning which was discussed and then presented to MMS Health Planning Committee, Dr. Cloud's report from mammography utilization committee and guidelines for the public were received and forwarded to news media for presentation to the public and Dr. Stoddard presented the idea of a "Speaker of the House" for MMS Council Meetings. A proposal was made and approved to give HDMS members some recognition for 25 years of membership. Dr. Hough volunteered to study the disposition of any resolutions HDMS has presented to MMS Council over the past three years. Six resolutions had been presented and follow-up given on them. A yearly review of Hampden resolutions will continue to be made.

At Dr. Bloom's suggestion after reading a paper on Physician Ethics to the Executive Committee, President Stoddard appointed an ad hoc committee to be known as Physicians Ethics Committee. Another recently organized Medicine/Business Coalition Committee was reported on by Dr. Hough. All Committees were active and enthusiastic. □

William W. Walthall Jr., M.D.
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BYLAWS COMMITTEE

At the request of the membership the Committee on Education and the Library was added as a Standing committee to the bylaws. The creation of this committee combined with a change in the bylaws of the Springfield Academy on Medicine creates a permanent affiliation between the Society and the Academy. The Society, through this committee, is the sole voting member of the Academy and responsible for the maintainence of the Academy Library. This bylaw change also affords each member of the Society the benefits of membership in the Springfield Academy of Medicine. This action is in accord with the purposes of the society.

At the request of the Executive Committee a revision of the bylaws has been carried out and should be available for your review in the near future. The revision has been done in the newer format and includes various changes to put the District in conformity with the MMS. The committee hopes that this revision will meet with your approval. □

James D. Allan, M.D.
Chairman

SCHOLARSHIP COMMITTEE

The Scholarship Committee met in October, 1980 and reviewed the twelve applications requesting financial aid. The students who were helped were listed in the February issue of the Hampden Hippocrat.

I wish to thank the committee members, Drs. Ayres, Bloom and Moore for their thoughtful contributions to the decisions made.

Requests for scholarship applications forms are now arriving at the office for the 1982-83 year. □

William Coen, M.D.
Chairman

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PUBLIC HEALTH COMMITTEE

The Public Health Committee co-sponsored with the Hampden County Teachers' Association a Sports Medicine Program at the 1981 Hampden County Teachers' Association Convention. The Public Health Committee was responsible for securing physician lecturers and moderating the program.

We have also been involved in the discussions concerning nurse practitioners as an adjunct to school physicians. We appointed a sub-committee on School Health which considered the topic and submitted a proposal for our consideration.

The Executive Committee of the Hampden District Medical Society asked that we consider the question of a TV Health Program. The committee submitted its recommendations to the Executive Committee regarding this question.

The Public Health Committee has also endorsed and supported the Springfield Emergency Medical Services Communication Fund Drive which was soliciting funds for an advanced communication system between hospitals and ambulances and hospital to hospital. This drive has been totally successful, having achieved more than its goal of $200,000.00. □

Enzo V. DiGiacomo, M.D.
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LEGISLATIVE COMMITTEE REPORT

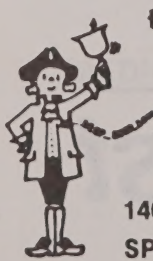
The past year has been a very active year with many bills filed which could have had both a direct and/or indirect effect on the practice of medicine as we know it. More importantly, some of these bills could have had a deleterious consequence for our patients.

On the state level, a great deal of effort has been expended in mustering support to defeat Senate Bill 866 (The Blue Cross-Blue Shield Merger Bill.) On December 7, 1981 on motion by Senator McKinnon, the bill's original sponsor, the senate voted to table S866. This effectively killed the bill for the past legislative session.

The battle has only begun! The Blues have filed a twin brother to S866---S711. Superficially, it would appear that the Blues have made some concessions to the medical society. However, on further analysis the same objectional aspects of S866 persist in S711. Mr. Ken Lawrence, legal counsel for the medical society, is presently preparing a step by step analysis of objections to the bill which will be conveyed to you as soon as it is presented to the Blues.

The Massachusetts Medical Society continues its' battle with the Blues. This year, however, instead of being on the defense we have taken a posture of activism. The society has filed two bills to protect the interests of physicians in dealing with the Blues. Furthermore, the society has filed a resolution establishing a special commission to investigate and study the law relative to non-profit hospital and medical service corporations (The Blues) and the status of such corporations in light of the significant changes in health care delivery and financing since their establishment.

Senate Bill 2185---An Act Relative to the Practice of the Nurse-Midwives, which essentially established free-standing birthing centers was passed over the veto of Governor King. The failure of organized medicine to activate enough support to sustain the veto emphasizes the fact that we must do our homework and muster our assistance early on. Early apathy probably did more to lose this encounter than anything else.



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The Medical Society has filed House Bill H841 which would require birthing centers to have written agreement with a hospital which can supply prenatal and birth services. Passage of this bill would effectively eliminate free-standing birthing centers. We have also filed House Bill 844 which would require, that in the practice of midwifery, the health care team must include an obstetrician and a pediatrician.

The optometrists annual attempt to use diagnostic pharmaceutical agents (S-611) was again defeated. Senator David Locke (R-Wellesley) was the moving party on behalf of the society.

On the local level our two major projects have not met with the success which we had anticipated. Our legislative dinner meeting was not well attended. However, it did provide an opportunity for us to meet some of our legislators on a person to person basis. If we are to be successful in lobbying for our interests we must be interested in knowing our legislators personally, so that we can freely discuss our needs with them. We cannot expect them to repeatedly respond to crisis situations.

Despite exceptional efforts by Mrs. Purdy, Dr. Brendler and our most helpful auxiliary, we have not met with much success in establishing an effective telephone network for contacting our legislators. The auxiliary instituted a very effective network, but apathy has prevented us physicians from doing an effective job. We desperately need help. The legislative process is the only way in which we can protect the interests of our patients and determine our own destiny.

Lastly, as you may know, we were sent by the M.M.S. to the AMA State Health Legislative Conference in Phoenix as a representative of Western Masschusetts. The conference was superb. Many issues---lobbying; medicaid; licensing; block grants; the referendum process; allied health practitioners; malpractice; and interspecialty relations---were discussed in great detail. Attendance at a conference like this strengthens the belief that we physicians must speak up for ourselves! No one will do it for us! □

Terrence M. O'Neill, M.D.
Chairman

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MEDICO-LEGAL AFFAIRS COMMITTEE

At a recent meeting of the Hampden County Bar Association Medico-Legal Committee discussion was relative to medical reports requested and received in personal injury cases and the charges therefor.

In response to the assertion that reports being received were generally inadequate, the Doctors indicated that the Bar should fully request which medical information they require and that depending on the time required by the Doctor to fully respond, billing would be commensurate.

Generally speaking, hospitalization and medical treatment reflect the following information, some or all of which, may be important to a claim:

a.) MEDICAL HISTORY. Including the physical and mental condition of the patient prior to injury; a description of how the accident occurred; and, personal or family information.

b. PHYSICAL EXAMINATION. General in many aspects but particularized as to the specific injury.

c. PROVISIONAL DIAGNOSIS. Indicating the doctor's preliminary opinion as to the injury sustained.

d. TESTING. Including x-rays and laboratory work.

e. CONSULTATIONS. Examinations made for more definite diagnosis by specialists.

f. DIAGNOSIS. Doctor's pre-treatment and generally final opinion as to the injury.

g. TREATMENT. Including surgical intervention, hospitalization, drug therapy, physical therapy and recommendations.

h. FOLLOW-UP CARE. Either in hospital or in doctor's office.

In addition, of importance to the attorney is:

1. CASUAL RELATIONSHIP. The medical opinion connecting the described history to the incident of liability.

2. DISABILITY. The medical opinion setting forth the degree and duration of the patient's disability; whether it is permanent in nature or otherwise; and, in some cases such as industrial cases, the percentage or degree of disability.

If the Bar is to expect competent reports, it appears that time should be taken in the letter of request so that the attending physician is fully apprised of what he is expected to included in his report. □

EXAMPLE

Dear Doctor Smith:

I have been retained to represent Mr. John Jones in the prosecution of his action for damages for an injury he sustained in an incident which occurred on June 1, 1980 and for which injury I am advised you treated him from June 1 to the present.

My investigation discloses that Mr. Jones was injured at his place of employment, Acme Printing Co., Springfield, Massachusetts, when his right hand was caught in a cutting machine which he was cleaning, resulted in his injury. We have retained an engineer who has indicated his opinion that the safety device incorporated in the machine was defective and, hence, establishes a basis for our claim.

Would you please furnish me with a complete report of your treatment to date being as specific as possible as to the dates and kinds of treatment including the history you obtained, the physical examiniation you performed, your diagnosis of injury, together with any input or confirmation you received from x-rays, laboratory testing and requested consultations, the prescribed treatment, together with a progress report of all follow-up treatment.

Please include in your report your opinion as to whether or not the injury for which you treated Mr. Jones was probably casually related to the accident which I have earlier described, together with your opinion of the permanency of his injury and, if possible, the degree in percentage of such disability.

If you would have your office call my secretary with the charge for your report, I will forward my check prior to the preparation of the report.

I enclose a medical authorization form executed by Mr. Jones.

Yours very truly,

(Attorney)

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1981 Medico-Legal Affairs Committee □

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MINUTES OF THE LIBRARY COMMITTEE, SPRINGFIELD ACADEMY OF MEDICINE

Twelve Noon

February 25, 1982

Present were Drs. Carey, Kane, Logan, McGovern, Pelletier and Mrs. Martin.

The first question considered was whether there should be a charge for searches in our Library. It was decided this would be done free for the members and would not be a service available to nonmembers.

The second question concerned charges for inter-library loans. It was decided that members would be entitled to five of these each year and for all those in addition to the five there would be a charge at cost for the library. For nonmembers, charges for inter-library loan would be $10.00 per item for 1982 with this charge being reconsidered on an annual basis.

Next considered were services that would be available to hospitals who were not sustaining members of the Academy. It was decided that no searches would be done. The first five loans to these non-sustaining member hospitals in any one year will be free and, thereafter, each loan will be $5.00. We also do some borrowing from these hospitals so we felt that we must notify them of this decision so that we may come to an equitable agreement regarding loans of each other's material.

All sustaining members will receive full services at no charge.

Copying charges will be .25 for the first sheet of any article and .10 a sheet thereafter for nonmembers. There will be no charge for members.

These charges will not take effect until approved by the Board and announced to the membership.

ADDENDUM: These recommendations were presented to the board of the Academy of Medicine on March, 1982. They were accepted with the following exceptions. The charges for copying will be for students only. For all other nonmembers, there will be a $1.00 fee for the first page of each article and .10 a page thereafter. □

NOW MORE THAN EVER

The Hampden Hippocrat was founded in 1942 by Dr. Edward P. Bagg Jr. and Dr. W.A. Chapin with an objective to act as a sounding board for medical problems both local and national. At that time it was adopted as the official organ of the Hampden District Medical Society. Also its' goal was to improve the bond between the different members of the medical profession. W.A. Chapin in his book, "Wanted: Tall Men-History of Medicine in Springfield", wrote an informative account of the problems and personalities related in medicine in this county up to the Second World War. He vividly describes that period in which there was a conflict of the Homeopathic Physicians with their base at the Wesson Memorial Hospital which was founded by D.B. Wesson after the failure of the Springfield Hospital to open their staff to Homeopathic physicians. W.A. Chapin in his book defines a homeopath as a physician who assumes that a disease is cured by minute fractional doses which in health produces symptoms similiar to those of the disease.

During that time we had the problems of the graduates of unaccredited schools of medicine such as Middlesex College which went out of business in 1945 and changed its' name to Brandeis University and the graduates of accredited colleges. We had the competitive spirit between the Springfield Hospital, Mercy Hospital, Wesson Memorial Hospital and the Springfield Infirmary, a private hospital founded in the 1910's which at its' height of activity at 89 Belmont Avenue had 41 beds available. By 1945 the records showed that they had 40,000 admissions. It ceased to exist in the 1950's.

What are our problems today? Problems with the staff of the Springfield Hospital and Wesson Memorial Hospital were resolved with the merger that resulted in the formation of the Baystate Medical Center. There is very little friction between the members of the Mercy Hospital and the Baystate Medical Center. The difference is, at present, with the hospitals and the physicians on the staff of the various hospitals and the physicians in the private sector; between both of the above and our peers at the Medical West Health Maintenance Organization. There are conflicts between the primary care physicians and the various specialities. They have had these differences and will continue to have them.

We now, more than ever, need a unifying organization where we can meet professionally and socially to mend these differences and improve the quality of medical care for all. The Hampden District Medical Society and its' official organ, the Hampden Hippocrat, provides this outlet. □

Walter J. Pacosa, M.D., Chairman
Publications Committee

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COMMITTEE ON EDUCATION AND THE LIBRARY

The Committee on Education and the Library is completing the first year as the responsible body for the Springfield Academy of Medicine.

The Library has served the needs of the Hampden District Medical Society members, hospitals, students from our local colleges and various corporations. There has been progressive increase in the use of the library facilities during the past year.

As previously mentioned, Dr. Howard Simpson developed a superb exhibit on homeopathy presented at the Connecticut Valley Historical Building. It was well received over the two months of its showing. It is hoped that further exhibits shall be developed this coming year.

Our CME, subcommittee has been in the process of developing a CME lecture series that will be made available for those hospitals desiring this educational service. A number of CME programs have been presented this past year by the Academy.

Recently an ad hoc committee has been formed to develop an operation protocol for the clarification of the interrelations of the library and the medical society. This past year has been a learning experience for those of us responsible for the affiliation of the Hampden District Medical Society and the Springfield Academy of Medicine. We look forward with confidence for a strenghening of the relationship between the two organizations.

I wish to extend from myself and the other members of this committee on Education and Library our graditude to Mrs. Mildred Martin for her dedication and able assistance this past year. I wish to thank the members of this committee for their time and cooperative effort to the cuse of our Academy of Medicine. I wish to extend to Mrs. Vivian Purdy and the members of Hampden District Medical Society Executive Committee my thanks for their sincere concern and counsel, and effort to make this affiliation successful. □

James G. Fitzpatrick, M.D.
Chairman

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MEMBERSHIP COMMITTEEE REPORT

This year's committee was formed by enlisting two physicians from each hospital staff in our district. This plan was adopted to provide close contact with each medical staff and an awareness of new members added to the staff.

Two meetings were held, one in September 1981 and another in March 1982. In September 1981 preparations were made for a wine and cheese party for the resident house staff at Baystate Medical Center. This proved to be unsuccessful as the turnout was very poor, it was thought that a better time for such a party would be in the month of June. At both meetings several topics were discussed including applications for physicians, possible reduction of dues for the spouse of a physician pair, and a discussion of membership recruitment. Two suggestions were forwarded to the Executive Committee for further consideration, because of the concern of the Membership Committee regarding the occurrence of some resignations and the noting of dissatisfaction of some of our members regarding the benefits of membership in the Medical Society. □

Carl Janovsky, M.D.
Chairman

S.T.A.R.T. Physical Therapy

The Physical Therapist is an important member of the medical team. For those who suffer from painful muscles and bone problems, freedom from pain is an elusive light at the end of the tunnel. Drugs may provide relief from symptoms, but they usually do not attack the cause and may become addictive. Surgery, while approprate in some cases, is too often a last resort that fails. What is a person to do?

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PUBLIC RELATIONS COMMITTEE

The Public Relations Committee has carried on its usual purposes in dealing with the newspapers and electronic media. No problems have arisen during the year.

Our relations remain cordial and cooperative in all respects. Meetings have been attended in Boston with the State Medical Society, as well as a seminar conducted by the AMA. The assistance of Mrs. Vivian Purdy remains invaluable. □

Bernard Bloom, M.D.
Chairman

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AREA HEALTH PLANNING COMMITTEE

Our committee is two years old and its raison d'etre is to provide input from the medical community into area health planning. Originally it was set up to serve as a means of input by our physicians into the Western Massachusetts HSA. As of March 1, 1982 the aforementioned body will meet its official demise. Therefore our attention is turned to input into area health planning in the absence of an official agency.

Your chairman, as district representative to the state (MMS) Area Health Planning Committee, has been designated as Chairman of an ad hoc committee for Regional Health Planning which has as its mandate to organize or participate in planning organizations on a regional rather than statewide level.

Locally, we have had two preliminary meetings to organize a local agency or forum with representatives. On February 4, 1982 we met with Commissioner Frechette to discuss the feasibility of our plans. Hopefully we will come up with a program that will involve appropriate input from the physician community. □

J.J. Siragusa, Jr., M.D.
Chairman

MEDIATION COMMITTEE

The Mediation Committee met almost monthly during the past year. The attendance has been very commendable. The members of the Committee have been most helpful in making the important decisions necessary to arbitrate the forty six complaints. □

Norman Epstein, M.D.
Chairman

HAMPDEN CAPSULES

Mrs. Alicia Willard who has been the Business Manager for the Hampden Hippocrat for 25 years has gone into her second retirement.

The Hampden District Medical Society is most grateful to Alicia for her laborious work to obtain ads, keep the books and the many other items of business that are entailed with the manager's position.

Good Luck and Good Health, Alicia! □

NUTRITION COMMITTEE

The Ad Hoc Committee on Nutrition has completed its 5th year. The role of the Hampden District Nutrition Committee as a "sounding board" for the Massachusetts Medical Society on Nutrition Committee was lauded at the recent Massachusetts Medical Society's Committee on Nutrition Meeting on February 10, 1982 at the M.I.T. Faculty Club by attendees including the Chairman, Dr. Charles S. Davidson. The Position Papers discussed at these State Nutrition meetings have often required a rapid response by our District Nutrition Committee. I want to thank the members of the Hampden District Nutrition Committee for so readily responding to short notice meetings in this regard. There were 3 formal meetings held this past year discussing Position Papers which were later published in the New England Journal of Medicine.

The long awaited guidelines for Total Parenteral Nutrition in the Adult Patient formulated by Dr. Bruce Bistrian of the Harvard Service at the New England Deaconess Hospital in cooperation and consultation with the Nutritional Support Service at the Peter Bent Brigham Hospital under Douglas W. Wilmore, M.D., have just been completed and were approved in our local meeting.

The Committee would be most happy to receive suggestions for areas of future activities from members of the Hampden District and would, of course, welcome any members who would like to be on the Committee itself.

The Committee looks forward to the coming year and would be pleased to hear from any Hampden District Medical Society member with an interest in nutrition who would be willing to serve on the Committee. □

Harrison D. Willcutts, M.D.
Chairman

MMS LEADERSHIP SEMINAR

A special meeting of the Executive Board was held in Dedham on the weekend of March 20-21. About eleven hours of seminar-type discussions were held in a retreat setting. The facilitator at this seminar was Professor Ram Charan, whose purpose was to assist us in applying proven techniques of corporate analysis to the problems facing the MMS today. I attended as Executive Councillor for Hampden District. Although the MMS officers and senior staff selected Professor Charan, attended the meeting and participated in the discussion, the ideas and conclusions came primarily from the Executive Councillors of the 17 districts represented. The officers were very much in the background throughout the seminar.

Professor Charan posed four questions: Where are we now? How are we positioned with respect to our constituencies and our adversaries? What external influences can we expect? Where do we want to go and how can we get there? He brought forth from the group an impressive list of current MMS programs and aspirations. But in the discussions of the time and money being spent on these programs, he pointed out that during the last 2 years we had spend nearly half of our resources interfacing with only one our problems, Blue Shield.

He next solicited our opinions as to the external forces affecting the Medical Society and its members. The final list contained twelve headings - population demographics, competition of many types, loss of freedom of choice, hospitals, professional liability, technology, government regulation and financing, increasing cost of medical education, increasing supply of physicians, changing physician attitudes, bureaucracy, and changing consumer expectations. Each of these could be the subject of a seminar by itself, but we tried to maintain a broad overview.

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Professor Charan offered several premises. The risk of changing a course of action may be greater than the risk of not making any change. There are no more than five or six central elements of strategy that require persistent follow-up. These strategies must respond to the nature and speed of shifts in the environment. The purpose of planning is not what to do five years from now, but what to do now to obtain a five-year goal.

By now, the participants were actively presenting ideas for society improvements. Professor Charan grouped these into: effective participation in the cost of health care, better public relations, membership education and services, and organizational improvements. The discussion ranged over such diverse considerations as a state-wide IPA, lobbying and legislative relationships, targeted public relations, patient education, freedom of choice of physician, membership education in medical society problems, members' services in office management, liability risk management, utilization of computers, and financial services. It was emphasized that appropriate data collection could validate (or correct) membership opinions and improve MMS influence.

Professor Charan summarized our discussion by saying that the society is not united, there is no visible substance to our cost containment activities, that the image of physicians and the MMS in various publics is not improving, that communication within the society is not good, and that our techniques are slow and cumbersome. The schism and distrust generated by the Blue Shield suit was discussed openly. Professor Charan opined that preoccupation with the Blue Shield suit had used the major energies of the society for a significant period and that the schism involved 2-3 percent of the membership whose mistrust of MMS leadership was based on frustration and anger. It was our mutual conclusion that regardless of the inequities imposed upon us and the validity of our position, the society has other important responses to make in our current environment.

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His final guidelines to us were sobering and challenging. He pointed out that the fundamental structure of the health care industry is shifting fast. The role of organized medicine is under considerable modification. At this stage, the primary initiative to modify this role is in the hands of some of our adversaries. Our mental and financial energies must be re-focused to cope with these issues. The Exectutive Council has accepted his challenge to develop an action plan to improve understanding of these issues and suggest solutions within the key components of the Society. Such a plan could well be a turning point for the Society. I invite you to participate in its development through service in the district or state society. One way to do this would be to serve as a councillor from Hampden District since the Council will pass on implementation of any such plan. Volunteers or written suggestions can be directed to the district society office. □

Garry deN Hough, III

AUXILIARY TO THE H.D.M.S.

Each year the Auxiliary plans a balanced program of events designed to attract with two luncheons, a holiday tea, and a joint annual legislative dinner meeting with the H.D.M.S. Luncheon programs featured presentations of community health concerns of Auxilians for Hospice and CPR and resulted in a large number taking the CPR course at Mercy Hospital. An art program was also presented. A major ongoing project is the health education program at the Science Museum, manned by Auxilians and highlighted this year with the organization of an impressive Health Kit destined to be sent out to schools for a health education program. Not to be overlooked was the annual scholarship fund drive which netted a considerable amount and which will be reported by the Auxiliary staff writer in the Hippocrat at a later date. □

Richard J. Miller, M.D.
Chairman

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STUDENT MEMBERS/82

David S. Shepro
36 Beekman Drive
Agawam, MA 01001

BORN: January 11, 1959
PREMED: Boston University 1976-80
MEDICAL SCHOOL: University of Mass. Medical School (will be completed in 1984)

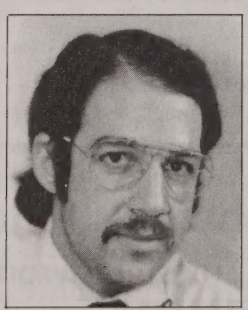
Joseph P. Fahey
13 Wilton Street
Springfield, MA 01109

BORN: December 15, 1955
PREMED: Providence College 1974-78
MEDICAL SCHOOL: University of Mass. Medical School (will be completed in 1984)

Richard A. Rossin
23 Abigail Street
Woodmont, CT 06460

BORN: April 12, 1958
PREMED: Boston College 1976-80
MEDICAL SCHOOL: Yale University School of Medicine (will be completed in 1984)

Welcome New Members

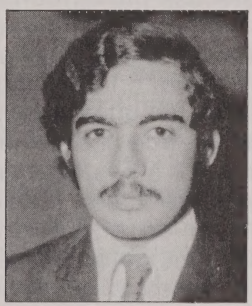


Bernard N. Shich, M.D.
Baystate Medical Center
Springfield, MA 01107

BORN: November 12, 1950
MEDICAL SCHOOL: University Autonoma de Guadalajar 1975-79
New York Medical College 1980-81
INTERNSHIP: Baystate Medical Center
RESIDENCY: Baystate Medical Center 1981-present
SPECIALTY: SURGICAL RESIDENT

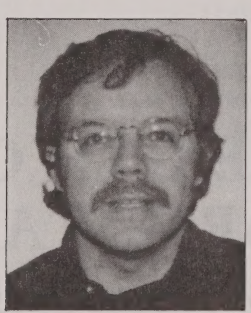
Mohammad Ali Hazratji, M.D.
10 Hospital Drive
Holyoke, Mass. 01040

BORN:	January 5, 1954
PREMED:	Lamartiniere College, Lucknow, India 1979-71
MEDICAL SCHOOL:	Gajraraja Medical College 1971-77
INTERNSHIP:	New Brunswick Affiliated Hospital 1977-78
RESIDENCY:	New York Medical College Metropolitan Hospital Center 1978-79 Upstate Medical Center 1979-81
SPECIALTY:	NUEROLOGY



Mani George, M.D.
954 Westfield Street
W. Springfield, MA 01089

BORN:	November 29, 1952
PREMED:	N.M. Nadia College, India 1969-70
MEDICAL SCHOOL:	Christian Medical College 1970-76
INTERNSHIP:	Kingsbreck Jewish Medical Center, NY 1978-80
RESIDENCY:	Kingsbreck Jewish Medical Center, NY 1978-80
FELLOWSHIP:	Cardiology Rugers Medical School
SPECIALTY:	INTERNAL MEDICINE



Frank T. Meyers, M.D.
1221 Main Street
Holyoke, Mass. 01040

BORN:	December 31, 1948
PREMED:	Manhattan College 1966-70
MEDICAL SCHOOL:	Down State University of New York 1970-74
INTERNSHIP:	New York Medical College 1974-75
RESIDENCY:	New York Medical College 1975-77
FELLOWSHIP / GASTROENTEROLOGY	1977-79 Lahey Clinic - New England Deaconess
SPECIALTY:	INTERNAL MEDICINE / GASTROENTEROLOGY

NEWS FROM THE HEART PROGRAM AT THE SCIENCE MUSEUM

At the request of the Springfield Science Museum, our Health Education Committee has designed a kit on Heart Fitness, which will go out to area schools upon request. We are excited about it because, with it, we will be able to reach more children with our message of heart fitness and disease prevention.

Among other things, the Kit includes: teaching materials for a project on Heart Fitness for K-6, a plastic heart model, books on physiology appropriate for different age levels, suggested activities to teach about heart function, stethescopes so the children can listen to their own heart, information about the effect of smoking on the heart, and a nutrition guide for a healthy heart.

Also, thanks to our President, Helen Gallivan, there will be old and new model pacemaker on display in the Heart Room, and a heart catheter. We also bought a blood pressure kit for children's use when they come with their class to our heart program.

In her thank-you letter on behalf of the Museum, Gloria Keeney, Curator of Education, said "This kit will be a marvelous supplement to classroom teaching and will provide the children with an exciting "hands-on" approach to good Health".

Anyone who would like to help us with this Health Education Program is welcome. Just call Ginny Walthall at 562-6419. □

Polly Miller
Hippocrat Correspondent

HEALTH CAREER SCHOLARSHIP APPLICATIONS

The time of the year is here for students interested in Health Career Scholarships offered annually by the Auxiliary to the Hampden District Medical Society to send for applications. Requests may be made either through individual guidance counselors in the school or by writing to the scholarship chairman, □

Mrs. Silvano Macchiaroli
Hampden District Medical Society
1414 State Street
Springfield, Massachusetts 01109

Dr. Leroy Vandam spoke before the HDMS Executive Committee in support of the Boston Medical Library and sent this letter following his visit.

Dear Philip:

I must say that it was a pleasure to renew our acquaintance on Tuesday last and I thank your Committee for giving me an audience. However, after the four hour plus trek to Springfield I returned discouraged feeling that I had failed to deliver the message I had in mind. Perhaps I also sensed a touch of animosity on the part of one or two present; but, perhaps that was directed against "the establishment".

My views are essentially as follows here so I entreat you to present them to your constituency once more. You do have your own very useful library but why not support both libraries? No library can exist alone (as no man can!) for a network of resources is needed. That is what you will continue to have in the countway and Boston Medical Library. Libraries should be viewed as the source of our greatest intellectual strength, in the sense that every physician is intimately concerned with every other's education whether it be medical student, practitioner specialist, academician or researcher. We all reap the rewards of knowledge and so do our patients. Please recall that the founders of the Massachusetts Medical Society in 1781 proclaimed as one of their aims -- "to establish a sense of professional good will among members". Finally the proposed per capita contribution to the Boston Medical Library is very small indeed in the context of our own personal resources.

With warmest good wishes.

Yours sincerely,

Leroy D. Vandam, M.D.
President
Boston Medical Library

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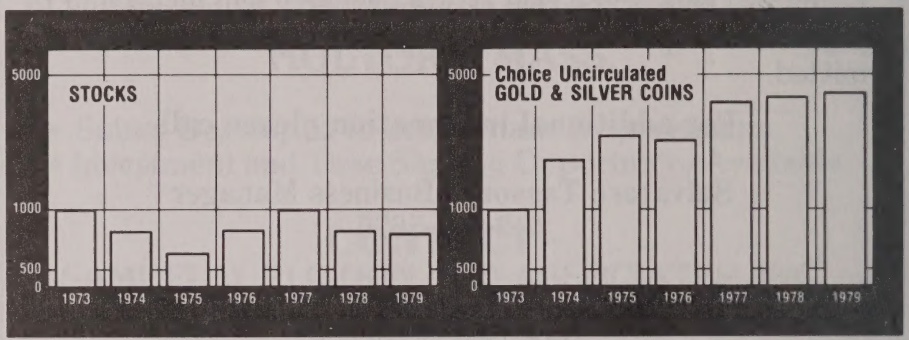

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